V. S. No. 2.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10009

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248B B — Registered No. 114

City Jefferson Barracks, Mo. (No. USVA. Hospital, Jefferson Barracks, Mo. St. ..... Ward)

2. FULL NAME Tom Farrell

(a) Residence, No. Portageville, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

MAR 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male.	COLORED	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Agnes Ferrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
Abt. 65	- - -	- - -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer. 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unavailable.

10. Date deceased last worked at this occupation (month and year) Unavailable.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Kentucky. 2

FATHER

13. NAME Unavailable.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable. 31 C

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Unavailable.

17. INFORMANT (ADDRESS) C. H. Smith. Clinical Director. U. S. V. A. Hospital, Jefferson Brks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 4/9 1932

19. UNDERTAKER (ADDRESS) C. Hoffmeister W & Co. 7814 S. Broadway

20. FILED Mch. 28, 1932 L. C. Obrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1932, 19..., to March 27, 1932, 19...

I last saw him alive on March 27, 1932, 19... Death is said to have occurred on the date stated above, at 10:00 PM.

The principal cause of death and related causes of importance were as follows:

Coronery Embolism

Date of onset

94B

Other contributory causes of importance:

1

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical, X-Ray & Laboratory findings. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. Smith. Acting Medical Officer M. D.

(Address) In Charge. USVA. Hospital, Jefferson Brks, Mo.